

<i>SERFF Tracking Number:</i>	<i>PERR-125375814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR0719901R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC AR0719901R01</i>		
<i>Project Name/Number:</i>	<i>WC AR0719901R01/WC AR0719901R01</i>		

Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Product Name: WC AR0719901R01	SERFF Tr Num: PERR-125375814	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC AR0719901R01	State Status: Fees verified
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Lance Julian, TRNSG Client	Disposition Date: 01/03/2008
	Date Submitted: 01/02/2008	Disposition Status: Approved
Effective Date Requested (New): 02/04/2008		Effective Date (New): 02/04/2008
Effective Date Requested (Renewal): 02/04/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: WC AR0719901R01	Status of Filing in Domicile: Not Filed
Project Number: WC AR0719901R01	Domicile Status Comments:
Reference Organization: NCCI (National Council on Compensation Insurance)	Reference Number: Please see Explanatory Memorandum
Reference Title: Please see Explanatory Memorandum	Advisory Org. Circular: Please see Explanatory Memorandum
Filing Status Changed: 01/03/2008	
State Status Changed: 01/03/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	

Filing Description:

On behalf of TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. ("the Company"), we are filing to adopt National Council on Compensation Insurance, Inc. (NCCI) rules. Please see the enclosed memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on February 4, 2007 or the earliest

<i>SERFF Tracking Number:</i>	<i>PERR-125375814</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>WC AR0719901R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC AR0719901R01</i>		
<i>Project Name/Number:</i>	<i>WC AR0719901R01/WC AR0719901R01</i>		

possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the rules contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)
 Lance Julian, State Filings Project Coordinator doi@perrknight.com
 881 Alma Real Drive ste 205 (888) 201-5123 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	CoCode: 28886	State of Domicile: Illinois
215 Shuman Blvd.	Group Code: 225	Company Type:
Suite 400		
Naperville, IL 60563	Group Name: IAT Reinsurance Ins Grp	State ID Number:
(800) 796-2480 ext. [Phone]	FEIN Number: 36-3529298	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25 for rules adoption
Per Company:	No

SERFF Tracking Number: PERR-125375814 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF State Tracking Number: #? \$25
AMERICA, INC.
Company Tracking Number: WC AR0719901R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC AR0719901R01
Project Name/Number: WC AR0719901R01/WC AR0719901R01

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	\$0.00	01/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

SERFF Tracking Number:	PERR-125375814	State:	Arkansas
Filing Company:	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	State Tracking Number:	#? \$25
Company Tracking Number:	WC AR0719901R01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC AR0719901R01		
Project Name/Number:	WC AR0719901R01/WC AR0719901R01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/03/2008	01/03/2008

<i>SERFF Tracking Number:</i>	<i>PERR-125375814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR0719901R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC AR0719901R01</i>		
<i>Project Name/Number:</i>	<i>WC AR0719901R01/WC AR0719901R01</i>		

Disposition

Disposition Date: 01/03/2008

Effective Date (New): 02/04/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125375814 State: Arkansas

Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: #? \$25

Company Tracking Number: WC AR0719901R01

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC AR0719901R01

Project Name/Number: WC AR0719901R01/WC AR0719901R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Memorandum and Letter of Authorization	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>PERR-125375814</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR0719901R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC AR0719901R01</i>		
<i>Project Name/Number:</i>	<i>WC AR0719901R01/WC AR0719901R01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125375814 State: Arkansas
 Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: #? \$25
 Company Tracking Number: WC AR0719901R01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: WC AR0719901R01
 Project Name/Number: WC AR0719901R01/WC AR0719901R01

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/03/2008
Comments:				
Attachments:				
	2007 NAIC RRFS.pdf			
	2007 NAIC PCTD.pdf			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	01/03/2008
Bypass Reason:	Rules Only			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	01/03/2008
Bypass Reason:	Rules Only			
Comments:				
Satisfied -Name:	Filing Memorandum and Letter of Authorization	Review Status:	Approved	01/03/2008
Comments:				
Attachments:				
	LOA.pdf			
	Filing Memorandum.pdf			

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR0719901R01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
TRANSGUARD INSURANCE COMPANY OF AMERICA INC.,	0	0	0	37	126594	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	0	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing – Number of policyholders affected	0	

6.	Overall percentage of last rate revision	5.2%
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7.	Effective Date of last rate revision	01/01/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	N/A	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
IAT Reinsurance Company Group	0225

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
TRANSGUARD INSURANCE COMPANY OF AMERICA INC.,	IL	28886	36-3529298	

5. Company Tracking Number	WC AR0719901R01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Lance Julian 888 Alma Real Dr., Ste. Pacific Palisades, CA 90272	State Filings Analyst	888-201-5123 X149	310-230-8529	doi@perrknight.com
7. Signature of authorized filer			<i>Lance Julian</i>		
8. Please print name of authorized filer			Lance Julian		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 02/04/2008 Renewal: 02/04/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI (National Council on Compensation Insurance)
17. Reference Organization # & Title	Please see Explanatory Memorandum
18. Company's Date of Filing	01/02/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

[illegible]

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F 777 (Ed. 3-07) Wolters Kluwer Financial Services | Uniform Forms™



Letter of Authorization

September 7, 2007

**RE: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
NAIC #: 0225-28886
FEIN #: 36-3529298
Workers Compensation and Employers Liability**

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of **TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.** This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondence and inquiries related to this filing to Perr & Knight, Inc. at the following address:

State Filing Department
Perr & Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-1061

If you have any questions regarding this authorization, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven A. Skov', is written over a horizontal line.

Steven A Skov, ACAS, MAAA
Vice President & Actuary
Phone: 630-864-3492
FAX: 630-864-3583
Email: steve.skov@transguard

Explanatory Memorandum

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. is adopting the following NCCI rules. We respectfully request the filings to be effective on January 28, 2008 or the earliest possible date upon approval.

CIRCULAR NUMBER	ITEM FILING NUMBER	EFFECTIVE DATE
IF-2004-06	B 1387	10-1-2004
IF-2004-07	B 1391	1-1-2005
IF-2004-10	01-AR-2004	1-1-2005
AR-2005-04	B 1393	7-1-2005
IF-2005-04-02	B 1393	7-1-2005
AR-2005-05	B 1394	11-1-2005
AR-2005-05	B 1387 Addendum	10-4-2004
AR-2005-05	B 1391 Addendum	7-1-2005
IF-2005-10-01	B 1398	1-1-2006
IF-2006-01-02	B 1399	7-1-2006
IF-2006-06-04	B 1399 A	7-1-2006
IF-2006-07-03	01-AR-2006	1-1-2005
IF-2006-08-04	B 1403	7-1-2007
IF-2006-09-03	02-AR-2006	7-1-2006
IF-2007-07-05	Item B 1387-A	10-1-2007
CIF-2007-07	Item B 1387-A	10-1-2007
AR-2007-09	Arkansas-02-AR-2007	7-1-2007
IF-2007-07-04	Item B-1404	1-1-2008
IF-2007-07-02	Item-02-AR-2007	7-1-2007
IF-2006-07-02	Item-01-AR-2007	7-1-2008
IF-2007-04-03	Item B-1397	7-1-2007
AR-2007-12	Item B-1397	7-1-2007
IF-2007-01-02	Item E-1400	6-12-2007
IF-2007-09-02	Item B-1397A	7-1-2007